IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

CERTIFIED MAIL: 70070710000279790208

November 26, 2008

Joseph Bleymaier, Administrator
Emmett Rehabilitation & Healthcare, Inc.
714 North Butte Avenue
Emmett, ID 83617

Provider #: 135020

Dear Mr. Bleymaier:

On **November 14, 2008**, a Facility Fire Safety and Construction survey was conducted at Emmett Rehabilitation & Healthcare, Inc by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. **This survey found the most serious deficiency to be a widespread deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies/Plan of Correction, CMS Form 2567L, listing Medicare/Medicaid deficiencies, and a similar form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **Please provide ONLY ONE completion date for each Federal/State Tag in column X5 (Complete Date), to signify when you allege that each tag will be back in compliance. NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567L and State Statement of Deficiencies, in the spaces provided, and return the originals to this office.**

Your Plan of Correction (PoC) for the deficiencies must be submitted by **December 9, 2008**. Failure to submit an acceptable PoC by **December 9, 2008**, may result in the imposition of civil monetary penalties by **December 29, 2008**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS), if your facility has failed to achieve substantial compliance by **December 19, 2008 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **December 19, 2008**. A change in the seriousness of the deficiencies on **December 19, 2008**, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **December 19, 2008** includes the following:

Denial of payment for new admissions effective **February 14, 2009**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **May 14, 2009**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0036, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **November 14, 2008** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10.pdf
http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10_attach1.pdf
http://www.healthandwelfare.idaho.gov/_Rainbow/Documents/medical/2001_10_attach2.pdf

This request must be received by **December 9, 2008**. If your request for informal dispute resolution is received after **December 9, 2008**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely,

Mark P. Grimes
Supervisor
Facility Fire Safety and Construction

MPG/lj

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE – PLEASE READ CAREFULLY

December 30, 2008

Joseph S. Bleymaier, Administrator
Emmett Rehabilitation & Healthcare
714 North Butte Avenue
Emmett, ID 83617

CMS Certification Number: 13-5020

Re: Life Safety Code Waiver Request

Dear Mr. Bleymaier:

We have received your request dated December 18, 2008, for a waiver for more time to complete work necessary to correct the deficiencies cited under the Life Safety Code (LSC) related to the facility's Laundry Room smoke barriers.

Our office has reviewed and approved your Life Safety Code waiver request. It is our expectation that Emmett Rehabilitation & Healthcare will implement and complete the project by February 15, 2009. It is the facility's responsibility to follow the progress of the project and contractors. Failure to complete the project timely may result in the imposition of remedies. If you have any questions, please contact Richard Leland, of my staff, at 206-615-2041.

Please keep the Idaho Bureau of Facility Standards apprised of your progress by contacting Supervisor Mark Grimes at 208-334-6626.

Sincerely,

Steven Chickering
Western Consortium Survey and Certification Officer
Division of Survey and Certification

cc: Mark Grimes
Idaho Ombudsman

Printed: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135020	A. BUILDING 01 B. WING	11/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMMETT REHAB & HEALTHCARE INC	714 N BUTTE AVE EMMETT, ID 83617

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The facility is a single story, Type V(111) construction. It was built in 1963 and is fully sprinklered. Also the facility is protected throughout by a complete fire alarm/smoke detection system which includes smoke detection in resident rooms as well as corridors and open spaces. It was refurbished in 2000-2001 at which time the fire alarm system was updated by General Fire. Some cosmetic remodeling was done in (2006). Currently the facility is licensed for 95 SNF beds. The following deficiencies were cited during the annual fire/life safety survey conducted on November 14, 2008. The facility was surveyed under the Life Safety Code 2000 Edition Existing Health Care Occupancy adopted March 11, 2003. In accordance with 42 CFR, 483.70 Refer to K056(b). This was evaluated under the fire safety evalulation system. No plan of correction required for K056(b) The surveyor conducting the survey was: Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction Eric Mundell, REHS Health Facility Surveyor Fire/Life Safety and Construction	K 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Emmett Rehabilitation & Healthcare does not admit that the deficiencies listed on the CMS Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.	
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

ADMINISTRATOR 12/9/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based on observation it was determined that the new laundry room partitions and maintenance/repair shop ceiling were not smoke resisting. The census on the day of the survey was 32. The findings include: Observation on November 14, 2008 at 2:03 p.m. disclosed that the laundry room ceiling had numerous penetrations that would allow the passage of smoke. Penetrations included two (2) transfer grills, a galvanized combustion air duct, pipe penetrations caused by installation of gas, electric and water lines. Lack of smoke resisting partitions would allow spread of heat and smoke through the attic. This condition was observed by the surveyors and the maintenance director. Observation on November 14, 2008 at 1:30 p.m. disclosed an open penetration on the ceiling of the maintenance/repair shop. Lack of smoke resisting partitions would allow spread of heat and smoke through the attic	K 029	K 029 1. Pipe and air duct penetrations in maintenance/repair shop and the laundry room were sealed with fire-stop foam on 11/17/08. 2. All residents have the potential to be affected by these deficiencies. 3. Contractor has surveyed the transfer grills and has provided several options to ensure that smoke resistant partitions between the laundry room and the attic do not allow for the spread of heat and smoke into the attic. These options are being reviewed and other alternatives are being explored as we have concerns they may not fully meet facility or state requirements. 4. Maintenance supervisor will review fire/smoke barriers annually and anytime maintenance is performed in the attic or on the ceilings of the maintenance/repair shop or the laundry room. These reviews will be monitored by the QA Committee during the following month. Date: 12/19/08	11/17/08
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 056 SS=D	Continued From page 2 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This Standard is not met as evidenced by: Based on record review and observation it was determined that the automatic fire sprinkler system was not properly installed in accordance with NFPA 13. The facility had a census of thirty two on the day of the survey. The findings included: During record review on November 14, 2008 at 10:50 a.m. of the facility automatic fire sprinkler system inspection report dated March 10, 2008, it was determined during the review that the old boiler room had 286 degree vertical sidewall sprinkler heads that needed to be replaced with 155 degree sprinkler heads. The lowered BTU fire load in the room would result in a delayed sprinkler head activation resulting in rapid fire growth that may overwhelm the system. Observation on November 14, 2008 at 1:45 p.m. confirmed that the high temperature heads were still in place. This condition was observed by the	K 056	K 056 1. Vertical sidewall sprinkler heads (286 degree) in the old boiler room were replaced by 155 degree sprinkler heads on 12/8/08. 2. All residents have the potential to be affected by these deficiencies. 3. *Observation A*: Sprinkler heads in the laundry room will be repositioned by the contractor in coordination with the air transfer grills and ducting work being performed at the same time (K 029). *Observation B*: Surveyor completed FSES. No action required by the Facility. 4. Maintenance supervisor will review sprinkler heads annually and anytime maintenance is performed on the ceilings or sprinkler heads within the facility. These reviews will be monitored by the QA Committee during the following month. Date: 12/19/09	12/8/08 12/15/08 Sprinklers repositioned

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K 056	Continued From page 3 surveyors and the maintenance director. A. Observation on November 14, 2008 at 2:03 p.m. disclosed that a newly constructed wall in the laundry room obstructed the sprinkler head coverage. In addition due to the wall construction sprinkler coverage no longer covered all areas in the room. This condition was observed by the surveyors and the maintenance director. B. Observation on November 14, 2008 between 10 a.m. and 3:00 PM, disclosed that the front entrance overhang and the 200 east and west wing exterior exit overhangs were not protected by the automatic fire sprinkler system installed within the building. The construction of the overhang was combustible material.	K 056		

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C 000	16.03.02 INITIAL COMMENTS The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2. The facility is a single story, Type V(111) construction. It was built in 1963 and is fully sprinklered. Also the facility is protected throughout by a complete fire alarm/smoke detection system which includes smoke detection in resident rooms as well as corridors and open spaces. It was refurbished in 2000-2001 at which time the fire alarm system was updated by General Fire. Some cosmetic remodeling was done in (2006). Currently the facility is licensed for 95 SNF beds. The following deficiencies were cited during the annual fire/life safety survey conducted on November 14, 2008. The facility was surveyed under the Life Safety Code 2000 Edition, Existing Health Care Occupancy adopted March 11, 2003. In accordance with 16.03.02 Rules for Skilled and Intermediate Care Facilities. The surveyor conducting the survey was: Tom Mroz Health Facility Surveyor Fire/Life Safety and Construction Eric Mundell, REHS Health Facility Surveyor Fire/Life Safety and Construction	C 000		
C 226	02.106 FIRE AND LIFE SAFETY 106. FIRE AND LIFE SAFETY. Buildings on the premises used as facilities shall meet all the	C 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	ADMINISTRATOR	12/9/08

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C 226	Continued From Page 1 requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities. This Rule is not met as evidenced by Refer to CMS form 2567 and K Tags K029 & K056	C 226	Refer to K029 and K056.	